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By Carol Day at 11:57 am, Jul 06, 2016

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
097435	096,3580,875	7-1-16
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
602 S. Franklin Cuba MO		2:56 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [x] SIMULATOR SOLUTION
- [ ] COMPRESSED ETHANOL-GAS MIXTURE

[x] STANDARD SUPPLIER Guth LOT # 16040 EXP. DATE 1-20-18

[x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SA2752 SIMULATOR EXP DATE 4-27-17

[ ] CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- [x] 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- [ ] 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- [ ] 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
.099	.099	.098

[x] RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
1			1		

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Michael Cadunzi	Michael Cadunzi
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
260213 / 5-9-18	573-885-7979

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

07/01/2016 05:31 5738851449 CUBA POLICE DEPT PAGE 02/06

GUTH LABORATORIES, INC.
590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **16040** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2016,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 2018** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%.**

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:
*Testing was conducted using Cerilliant Reference Standard lot number **FN08051301** whose values are traceable to NIST.*
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00183

Temp	Date	Time	s/ 210L

Air Blank:
07/01/16 03:56 .000
Calibration Check:
20 07/01/16 03:56 .099

Subject Name
Blank
Subject I.D.
Test 1
Operator Name, I.D.
Centurni 352
Location
602 S. Franklin

Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00184

Temp	Date	Time	s/ 210L

Air Blank:
07/01/16 03:59 .000
Calibration Check:
22 07/01/16 03:59 .099

Subject Name
Blank
Subject I.D.
Test 2
Operator Name, I.D.
Centurni 352
Location
602 S. Franklin

Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00185

Temp	Date	Time	s/ 210L

Air Blank:
07/01/16 04:02 .000
Calibration Check:
23 07/01/16 04:02 .098

Subject Name
Blank
Subject I.D.
Test 3
Operator Name, I.D.
Centurni 352
Location
602 S. Franklin

Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00186

Temp	Date	Time	s/ 210L

OOID: RFI
12 07/01/16 04:03

Subject Name
Blank
Subject I.D.
RFI
Operator Name, I.D.
Centurni 352
Location
602 S. Franklin

Cuba

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

MICHAEL S CENTUNZI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/3/2016

NUMBER 260213

EXPIRES 5/3/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 620-0771 (6-10)

LA9-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator CENTUNZI, MICHAEL
Permit No 260213
Date Issued 6/3/2016 Date Expires 5/3/2018

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Peter Lyskowski
Director

Jeremiah W. (Jay) Nixon
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2752 Manufacturer: Guth

Model Number: 10-4D

Agency: CUBA PD

Agency Address: 602 S FRANKLIN, CUBA, MO 65453

NIST THERMOMETER INFORMATION

Serial Number: 093752 Bias: 0.00

Uncertainty: 0.02

Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average	NIST Average	Combined Uncertainty
34.00	33.96	.079

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/27/2016

Certification Expiration: 4/27/2017

Simulator testing technician: R WELSH

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE

Certification No: SD2752_4272016

X

DHSS BAP Scientist Approving

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